

# AFFIDAVIT OF SERVICE

[ ] Milwaukee Co. [ ] Racine Co. [ ] Kenosha Co. [ ] Waukesha Co. [ ] Washington Co. X USDC - EASTERN WI Co.

STATE OF WISCONSIN  
Milwaukee County ss

Case No. 10-cv-0714

Court Date: —

Document(s) attached: X Summons & Complaint [ ] Subpoena [ ] Subpoena Duces Tecum [ ] Check in the amount of \$ \_\_\_\_\_ Travel or Witness Fee  
[ ] Order to Appear before a Court Commissioner [ ] Order [ ] Motion [ ] Order to Show Cause [ ] Summons [ ] \_\_\_\_\_ Set of Written Interrogatories  
[ ] \_\_\_\_\_ Request for Production of Documents [ ] Jury Demand

## Corporate Service

I, JOSEPH KRATON, being duly sworn on oath, state I am an adult resident of this State. I am not a party to the legal action of the attached document(s) which was/were served upon the below named party and endorsed as required by Wis. Stats. 801(10)(2).

AURORA HEALTH CARE and leaving with

ANDREA VOLLRIGOE

[ ] Officer [ ] Registered Agent [ ] Person Apparently in Charge [ ] Managing Agent X Authorized Agent [ ] Person Design to Receive Legal Process

Address 3000 W. MONTANA ST. [ ] City of Milwaukee or [ ] \_\_\_\_\_ WI.

on the 28<sup>th</sup> day of AUGUST 2010 11:00 [ ] a.m. [ ] p.m. a true and correct copy of the said documents informing HER of the contents thereof of.

## Garnishee Service [ ] Earnings [ ] Non Earnings

I, \_\_\_\_\_, as an agent for State process Service, Inc. being duly sworn on oath state that I am an adult resident of the State of Wisconsin and that I am not a party to the action to which this affidavit is attached. I further swear that I did serve the above identified attached document in the above entitled action, hereto annexed, upon the named garnishee identified as:

\_\_\_\_\_ by leaving with \_\_\_\_\_

Address \_\_\_\_\_ [ ] City of Milwaukee or [ ] \_\_\_\_\_ WI

person in charge, personally, a true and correct (authenticated) copy thereof paying the legal fee of \$ \_\_\_\_\_ at \_\_\_\_\_ [ ] a.m. [ ] p.m.

on the \_\_\_\_\_ of \_\_\_\_\_ 2010

## Court Commissioner Service

I, \_\_\_\_\_, as an agent for State Process service, Inc. being duly sworn on oath state that I am an adult resident of the State of Wisconsin and that I am not a party to the action to which this affidavit is attached. I further swear that I did serve the above identified attached

document in the above entitled action by delivering to and leaving with \_\_\_\_\_ a true and correct

(authenticated) copy thereof exhibiting to \_\_\_\_\_ the original signed by the Honorable \_\_\_\_\_ [ ] Judge [ ] Court Commissioner

at Address \_\_\_\_\_ [ ] City of Milwaukee or [ ] \_\_\_\_\_ WI

on the \_\_\_\_\_ day of \_\_\_\_\_ 2010 at \_\_\_\_\_ [ ] a.m. [ ] p.m.

Subscribed and sworn to before me this 24

day of SEPTEMBER 2010

Notary Public

My Commission expires: 07/12/14

STATE PROCESS SERVICE, INC.

1 OF 1 AFFIDAVITS

Fee for Service :

Fees: Mileage 20 @ — / mile: 10.00

Fees: Hourly 1 @ \$ — /hr 37.50

Special Fees:: \_\_\_\_\_

TOTAL FEES: \$ 47.50

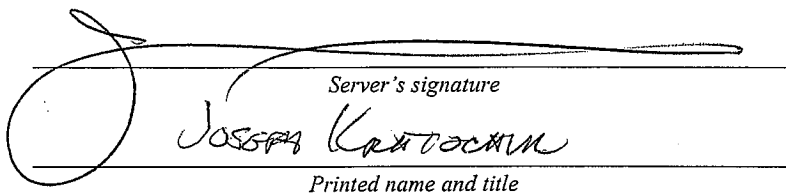
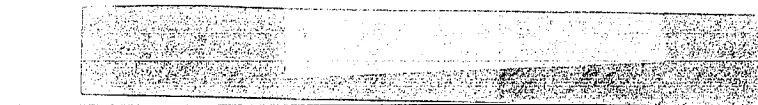
Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*This summons for (name of individual and title, if any) \_\_\_\_\_  
was received by me on (date) 8/23/10.AURORA HEALTH CARE☐ I personally served the summons on the individual at (place) \_\_\_\_\_

on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or☒ I served the summons on (name of individual) ANORGA VOURIEGE, who is  
designated by law to accept service of process on behalf of (name of organization) AURORA HEALTH CARE  
on (date) 8/23/10; or☐ I returned the summons unexecuted because \_\_\_\_\_; or☐ Other (specify): \_\_\_\_\_My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 8/24/10  
\_\_\_\_\_  
Server's signature  
JOSEPH KATOCH  
\_\_\_\_\_  
Printed name and title  
\_\_\_\_\_  
Server's address

Additional information regarding attempted service, etc: